



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

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## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII  
STATE ETHICS COMMISSION

### PART I LOBBYIST

NAME(Last) Brunn	(First) Constance	(Middle) Mae	TELEPHONE 973-2155
MAILING ADDRESS (Street) 1451 S. King Street, Suite 504	(City) Honolulu	(State) HI	(Zip Code) 96814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) March of Dimes Hawaii Chapter	TELEPHONE 973-2155		
MAILING ADDRESS (Street) 1451 South King Street, Suite 504	(City) Honolulu	(State) HI	(Zip Code) 96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Constance M. Brunn	TELEPHONE 973-2155		
MAILING ADDRESS (Street) 1451 S. King Street, Suite 504	(City) Honolulu	(State) HI	(Zip Code) 96814

### PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                       | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce            | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health               | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        |   |

### PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Constance M. Brunn*  
(Signature of Lobbyist)

*Jan. 13, 2003*  
(Date)

### PART V AUTHORIZATION TO LOBBY

NAME Carmella Hernandez	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED State Director		
NAME OF ORGANIZATION (if applicable) March of Dimes Hawaii Chapter	TELEPHONE 973-2155		
MAILING ADDRESS (Street) 1451 South King Street, Suite 504	(City) Honolulu	(State) HI	(Zip Code) 96814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<i>Carmella H</i> (Signature of Authorizing Officer or Person Represented)		<i>1-13-03</i> (Date)	